

PATENT COOPERATION TREATY

01 JUN 2004

RECEIVED

PCT

From the
INTERNATIONAL PRELIMINARY EXAMINING AUTHORITY

To:

MCCORMACK, Derek
Motorola European Intellectual
Property Operations
Midpoint, Alencon Link
Basingstoke, Hampshire RG21 7PL
GRANDE BRETAGNE

NOTIFICATION OF RECEIPT
OF DEMAND BY COMPETENT INTERNATIONAL
PRELIMINARY EXAMINING AUTHORITY(PCT Rules 59.3(e) and 61.1(b), first sentence
and Administrative Instructions, Section 601(a))

via facsimile in advance

Date of mailing
(day/month/year)

28-05-2004

Applicant's or agent's file reference

CE10051EP/LL

IMPORTANT NOTIFICATION

International application No.

PCT/EP03/05505

International filing date (day/month/year)

23/05/2003

Priority date (day/month/year)

27/09/2002

Applicant

MOTOROLA INC et al

1. The applicant is hereby notified that this International Preliminary Examining Authority considers the following date as the date of receipt of the demand for international preliminary examination of the international application:

10/05/2004

DOCKETED
EIPD

04 JUN 2004

PRX 10 MAY 2005

2. This date of receipt is:

- ☒ the actual date of receipt of the demand by this Authority (Rule 61.1(b)).
☐ the actual date of receipt of the demand on behalf of this Authority (Rule 59.3(e)).
☐ the date on which this Authority has, in response to the invitation to correct defects in the demand (Form PCT/IPEA/404), received the required corrections.

3. ☒ **ATTENTION:** That date of receipt is after the expiration of 19 months from the priority date. Consequently, in respect of some Offices, the demand does not have the effect of postponing the entry into the national phase until 30 months from the priority date (or later in some Offices) (Article 39(1)) and the acts for entry into the national phase must therefore be performed within 20 months from the priority date (or later in some Offices). However, in respect of some other Offices, the time limit of 30 months (or later) may nevertheless apply. See the Annex to Form PCT/IB/301 and, for details about the applicable time limits, Office by Office, see the *PCT Applicant's Guide*, Volume II, National Chapters and the WIPO Internet site.

- ☒ (If applicable) This notification confirms the information given by telephone, facsimile transmission or in person on:

25-05-2004

4. Only where paragraph 3 applies, a copy of this notification has been sent to the International Bureau.

Name and mailing address of the IPEA/



European Patent Office
D-80298 Munich
Tel. (+49-89) 2399-0, Tx: 523656:epmü d
Fax: (+49-89) 2399-4465

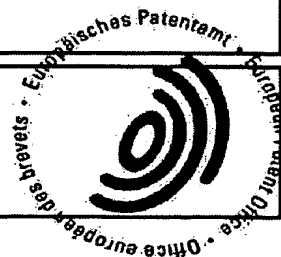
Authorized officer

KÜHL E M

Tel. (+49-89) 2399-8729

Form PCT/IPEA/402 (April 2002; reprint January 2004)

(25/05/2004)



BEST AVAILABLE COPY

The demand must be filed directly with the competent International Preliminary Examining Authority or, if two or more Authorities are competent, with one chosen by the applicant. The full name or two-letter code of that Authority may be indicated by the applicant on the line below:
IPEA/ EP

PCT

CHAPTER II

DEMAND

under Article 31 of the Patent Cooperation Treaty:

The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty and hereby elects all eligible States (except where otherwise indicated).

For International Preliminary Examining Authority use only

Identification of IPEA		Date of receipt of DEMAND	
Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION			Applicant's or agent's file reference CE10051EP
International application No. PCT/EP03/05505	International filing date (day/month/year) 23.05.2003	(Earliest) Priority date (day/month/year) 27.09/2002	
Title of invention: A RESOURCE MANAGEMENT APPARATUS AND A METHOD OF RESOURCE MANAGEMENT THEREFOR			
Box No. II APPLICANT(S)			
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country) Motorola Inc 1303 E. Algonquin Road Schaumburg Illinois 60196 USA		Telephone No.	
		Facsimile No.	
		Teleprinter No.	
State (i.e. country) of nationality: US		State (i.e. country) of residence: US	
Name and address: (Family name followed by given name; for a legal entity full official designation. The address must include postal code and name of country.) KORALE, Asoka 34 Woolaton Close Grange Park Swindon, Wiltshire SN5 6BB United Kingdom			
State (i.e. country) of nationality: GB		State (i.e. country) of residence: GB	
Name and address: (Family name followed by given name; for a legal entity full official designation. The address must include postal code and name of country.) BARRETT, Stephen 34 Broad Lane Upper Bucklebury Reading Berkshire RG7 6QJ			
State (i.e. country) of nationality: GB		State (i.e. country) of residence: GB	
<input type="checkbox"/> Further applicants are indicated on a continuation sheet.			

Form PCT/IPEA/401 (first sheet) (July 1998)

See Notes to the demand form

BEST AVAILABLE COPY

Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The following person is ☒ agent ☐ common representative
 and ☒ has been appointed earlier and represents the applicant(s) also for international preliminary examination.
☐ is hereby appointed and any earlier appointment of (an) agent(s)/common representative is hereby revoked.
☐ is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority, in addition to the agent(s)/common representative appointed earlier.

Name and address: *(Family name followed by given name: for a legal entity, full official designation. The address must include postal code and name of country)*

MCCORMACK, Derek J
Motorola European Intellectual Property Operations
Midpoint, Alencon Link, Basingstoke, Hampshire
RG21 7PL

Telephone No.
01256 790392

Facsimile No.
01256 811319

Teleprinter No.

☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is use instead to indicate a special address to which correspondence should be sent.

Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION**Statement concerning amendments:***

1. The applicant wishes the international preliminary examination to start on the basis of:

☒ the international application as originally filed.

the description ☐ as originally filed

☐ as amended under Article 34

the claims ☐ as originally filed

☐ as amended under Article 19 (together with any accompanying statement)

☐ as amended under Article 34

the drawings ☐ as originally filed

☐ as amended under Article 34

2. ☐ The applicant wishes any amendment to the claims under Article 19 to be considered as reversed.

3. ☐ The applicant wishes the start of the international preliminary examination to be postponed until the expiration of 20 months from the priority date unless the International Preliminary Examining Authority receives a copy of any amendments made under Article 19 or a notice from the applicant that he does not wish to make such amendments (Rule 69.1(d)). *(This check-box may be marked only where the time limit under Article 19 has not yet expired.)*

* Where no check-box is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under Article 19 and/or amendments of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

Language for the purposes of international preliminary examination: .ENGLISH

☐ which is the language in which the international application was filed.

☐ which is the language of a translation furnished for the purposes of international search.

☐ which is the language of publication of the international application.

☐ which is the language of the translation (to be) furnished for the purposes of international preliminary examination.

Box No. V ELECTION OF STATES

☒ The applicant hereby elects all eligible States *(that is, all States which have been designated and which are bound by Chapter II of the PCT)*

excluding the following States which the applicant wishes not to elect:

.....

Sheet No.3.....

International application No.
PCT/EP03/05505

Box No. VI CHECK LIST

The demand is accompanied by the following elements, in the language referred to in Box No. IV, for the purposes of international preliminary examination:

		For International Preliminary Examining Authority use only	
		received	not received
1.	translation of international application : sheets	<input type="checkbox"/>	<input type="checkbox"/>
2.	amendments under Article 34 : sheets	<input type="checkbox"/>	<input type="checkbox"/>
3.	copy (or, where required, translation) of amendments under Article 19 : sheets	<input type="checkbox"/>	<input type="checkbox"/>
4.	copy (or, where required, translation) of statement under Article 19 : sheets	<input type="checkbox"/>	<input type="checkbox"/>
5.	letter : sheets	<input type="checkbox"/>	<input type="checkbox"/>
6.	other (specify): : sheets	<input type="checkbox"/>	<input type="checkbox"/>

The demand is also accompanied by the item(s) marked below:

- | | |
|---|---|
| 1. <input checked="" type="checkbox"/> fee calculation sheet | 4. <input type="checkbox"/> statement explaining lack of signature |
| 2. <input type="checkbox"/> separate signed power of attorney | 5. <input type="checkbox"/> nucleotide and/or amino acid sequence listing in computer-readable form |
| 3. <input type="checkbox"/> copy of general power of attorney reference number, if any: | 6. <input type="checkbox"/> other (specify): |

Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand).


MCCORMACK, Derek J

For International Preliminary Examining Authority use only

1.	Date of actual receipt of DEMAND:
2.	Adjusted date of receipt of demand due to CORRECTIONS under Rule 60.1(b):
3.	<input type="checkbox"/> The date of receipt of the demand is AFTER THE Expiration of 19 months from the priority date. <input type="checkbox"/> The applicant has been informed accordingly.
4.	<input type="checkbox"/> The date of receipt of the demand is WITHIN the period of 19 months from the priority date as extended by virtue of Rule 80.5.
5.	<input type="checkbox"/> Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rule 82.

For International Bureau use only

Demand received from IPEA on:

PCT

CHAPTER II

FEE CALCULATION SHEET

Annex to the Demand for international preliminary examination

For International Preliminary Examining Authority use only

International application No.	PCT/EP03/055505	Date stamp of the IPEA
Applicant's or agent's file reference	CE10051EP	
Applicant Motorola Inc		
Calculation of prescribed fees 1. Preliminary examination fee <u>1,530.00</u> <input checked="" type="checkbox"/> P 2. Handling fee (<i>Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.</i>) <u>159.00</u> <input checked="" type="checkbox"/> H 3. Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box <u>1689.00 EUR</u> <div style="border: 1px solid black; padding: 2px; display: inline-block;">TOTAL</div>		
Mode of Payment <input checked="" type="checkbox"/> authorization to charge deposit account with the IPEA (see below) <input type="checkbox"/> cash <input type="checkbox"/> cheque <input type="checkbox"/> revenue stamps <input type="checkbox"/> postal money order <input type="checkbox"/> coupons <input type="checkbox"/> bank draft <input type="checkbox"/> other (specify):		
Deposit Account Authorization (<i>this mode of payment may not be available at all IPEAs</i>) The IPEA/ <u>EP</u> <input checked="" type="checkbox"/> is hereby authorized to charge the total fees indicated above to my deposit account. <input checked="" type="checkbox"/> (<i>this check-box may be marked only if the conditions for deposit accounts of the IPEA so permit</i>) is hereby authorized to charge any deficiency or credit any overpayment in the total fees indicated above to my deposit account.		
<u>28050071</u> Deposit Account Number	<u>10 May 2004</u> Date (day/month/year)	Signature <u>D. McCormack</u> MCCORMACK, Derek J

Form PCT/IPEA/401 (Annex) (July 1998)

See Notes to the fee calculation sheet

BEST AVAILABLE COPY

**ALLGEMEINE VOLLMACHT
GENERAL AUTHORISATION
POUVOIR GENERAL**

AV Nr. (bitte bei jeder Korrespondenz angeben)
GA No. (please quote in all correspondence)
PG n° (prérez de mentionner dans toute correspondance)

5132

2 Ich (Wir) / I (We) / Je (Nous) **DUNLOP, HUGH**

Authorised by
Motorola, Inc.
1303 East Algonquin Road
Schaumburg
Illinois 60196
USA

3 bevollmächtigte(n) hiermit / do hereby authorise / autorise (autorisons) par la présente

MCCORMACK, Derek James
Motorola, European Intellectual Property Operations
Midpoint
Alencon Link
Basingstoke
Hampshire
RG21 7PL

4 mich (uns) in den durch das Europäische Patentübereinkommen geschaffenen Verfahren in allen meinen (unseren) Patentangelegenheiten zu vertreten, alle Handlungen für mich (uns) vorzunehmen und Zahlungen für mich (uns) in Empfang zu nehmen.
to represent me (us) in all proceedings established by the European Patent Convention and to act for me (us) in all patent transactions and to receive payments on my (our) behalf.

à me (nous) représenter pour ce qui concerne toutes mes (nos) affaires de brevet dans toute procédure instituée par la Convention sur le brevet européen et, à ce titre, à agir en mon (notre) nom et à recevoir des paiements pour mon (notre) compte.

☒ Die Vollmacht gilt auch für Verfahren nach dem Vertrag über die internationale Zusammenarbeit auf dem Gebiet des Patentwesens.
This authorisation shall also apply to the same extent to any proceedings established by the Patent Cooperation Treaty.
Ce pouvoir s'applique également à toute procédure instituée par le Traité de coopération en matière de brevets.

☐ Weitere Vertreter sind auf einem gesonderten Blatt angegeben. / Additional representatives indicated on supplementary sheet.
Les autres mandataires sont mentionnés sur une feuille supplémentaire.

5 ☒ Untervollmacht kann erteilt werden. / Sub-authorisation may be given. / Le pouvoir pourra être délégué.

6 ☐ Bitte die gelbe Kopie, ergänzt um die Nr. der allgemeinen Vollmacht, an den Vollmachtgeber zurücksenden.
Please return the yellow copy, supplemented by the General Authorisation No., to the authorisor.
Prérez de renvoyer la copie jaune au mandant, munie du n° du pouvoir général.

Ort/Place/Lieu **BASINGSTOKE, UK**

Datum/Date **29 May 2001**

Unterschrift(en) / Signature(s)

Motorola, Inc.

HUGH DUNLOP, CHIEF ATTORNEY

7 Das Formblatt muß vom (von den) Vollmachtgeber(n) (bei juristischen Personen vom Unterschriftsberechtigten) eigenhändig unterzeichnet sein. Nach der Unterschrift bitte den (die) Namen des (der) Unterzeichneten mit Schreibmaschine wiederholen (bei juristischen Personen die Stellung des Unterschriftsberechtigten innerhalb der Gesellschaft angeben).

The form must bear the personal signature(s) of the authorisor(s) (in the case of legal persons, that of the officer empowered to sign). After the signature, please type the name(s) of the signatory(ies) adding, in the case of legal persons, his (their) position within the company.

Le formulaire doit être signé de la propre main du (des) mandant(s) (dans le cas de personnes morales, de la personne ayant qualité pour signer). Veuillez ajouter à la machine, après la signature, le (les) nom(s) du (des) signataire(s), en mentionnant, dans le cas de personnes morales, ses (leurs) fonctions au sein de la société.